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APPLICANTS

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SN
 ** CONTINUING DATA *****
None

SN
 ** FOREIGN APPLICATIONS *****
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 11
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Customized articulating anatomical support

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